

THE GEORGIA STATE BOARD OF COSMETOLOGY  
237 COLISEUM DRIVE  
MACON, GEORGIA 31217-3858  
TELEPHONE: 478-207-1430  
FAX: 478-207-1442  
www.sos.state.ga.us

COSMETOLOGY APPLICATION FOR RECIPROCITY

PLEASE READ THE INSTRUCTIONS CAREFULLY AND BE FAMILIAR WITH THE LAWS AND RULES GOVERNING THE PRACTICE OF COSMETOLOGY IN THE STATE OF GEORGIA.

Visit the following site for information:  
[http://www.sos.state.ga.us/ebd-barber\\_cosmet/](http://www.sos.state.ga.us/ebd-barber_cosmet/)

PLEASE FURNISH THE FOLLOWING:

Utilize checklist to ensure all documentation has been properly requested or submitted.

\_\_\_ (A) A letter of CERTIFICATION from each state in which you were issued a license must attached to the application in a seal envelope addressed to the Georgia State Board of Cosmetology. The applicant is responsible for making the request to the board offices of the state in which he or she was licensed. The certification should include the following information:

- (1) Name of licensee;
- (2) Issuance date of license;
- (3) Social Security number;
- (4) Address of licensee;
- (5) How training was obtained, either by: (a) school, or (b) apprenticeship;
- (6) Number of hours obtained in the training;
- (7) Sanctions or other disciplinary actions; and
- (8) Verification of a passed written and practical examination.

\*If a letter of certification is not received from each state in which you are licensed, the processing of your application will be delayed until the board office receives all information.

\_\_\_ (B) The required fee must accompany the completed application. (See Fee Schedule.) The payment must be made by check or money order payable to the Georgia State Board of Cosmetology. DO NOT SEND CASH OR COUNTER CHECKS. Checks returned for insufficient funds are subject to a \$30.00 service charge pursuant to O.C.G.A. §16-9-20;

\_\_\_ (C) Completed application for license by reciprocity;

\_\_\_ (D) Proof of U.S. citizenship or proof of legal residency, e.g. "Green Card;

\_\_\_ (E) A current passport size photograph;

\_\_\_ (F) Proof of high school diploma or general educational development (GED) diploma or a postsecondary education or college degree; and

\_\_\_ (G) If you do not have the number of cosmetology, esthetics or nail care school hours required by the State of Georgia, you may be allowed to sit for the exam without acquiring the additional hours pending Board review of documentation of work experience and transcripts of training. *Include documentation if applicable.*

- THE BOARD RESERVES THE RIGHT TO SEEK FURTHER INFORMATION IN REGARD TO PROCESSING YOUR APPLICATION.
- IF TRAINING IS NOT SUBSTANTIALLY EQUAL TO THE FOLLOWING OR IF YOUR LICENSE WAS ISSUED WITHOUT A WRITTEN AND PRACTICAL EXAMINATION, YOU WILL BE REQUIRED TO TAKE AN EXAMINATION.

Cosmetologists:           1,500 hours (school) and nine months  
                                   3,000 hours (apprentice) and eighteen months

Estheticians:            1,000 hours (school) and within nine months  
                                   2,000 hours (apprentice) and eighteen months

Nail Technicians:        525 hours (school) and four months  
                                   1,050 hours (apprentice) and eight months

If your application is incomplete and further information is needed, you will receive a letter from the Board. Applicants who do not qualify according to the Official Code of Georgia, Annotated §43-10-9(d) will be required to take the Georgia cosmetology examination.

O.C.G.A. § 43-10-9(d) states: "Should an applicant have a CURRENT license in another state or country, or territory of the United States, or the District of Columbia, where SIMILAR RECIPROCITY IS EXTENDED TO THIS STATE AND THE REQUIREMENTS ARE SUBSTANTIALLY EQUAL TO THOSE IN THIS STATE and have paid to the division director a fee in such amount as shall be set by the board by regulation, the applicant may be issued without examination, a certificate of registration at the appropriate level, entitling him or her to practice cosmetology or the teaching of cosmetology at that level. UNLESS THE BOARD IN ITS DISCRETION, SEES FIT TO REQUIRE EXAMINATION SUBJECT TO THE TERMS AND PROVISIONS OF THIS CHAPTER.

Georgia does not reciprocate with California, Florida, Hawaii or New York. Applicants from California, Florida or New York must submit an application for 1<sup>st</sup> Time Examination. For all other states, reciprocity will be granted or denied on an individual basis in accordance with the law. Georgia may reciprocate with Florida if the applicant's license was issued prior to August, 1986 and all other requirements are met.

Please note: The Georgia State Board of Cosmetology requests that all foreign applicants provide a copy of the transcripts of training with an official English translation of the training. An applicant's documentation of education must be translated to English and must accompany this application.

Applications must be complete, correct and have the required documentation attached before an evaluation by the Board can be made. All incomplete applications will be returned to you.

Revised 01/2004

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Check one of the following:

Master Cosmetologist ( )  
Nail Technician ( )  
Esthetician ( )

For Office Use only:  
Fee:  
Date Received:  
Remittance No.:

**APPLICATION FOR REGISTRATION BY RECIPROCITY**

Attach the required fee in the amount of \$50 (check or money order) to the completed application.  
Applications must be correctly completed and have the required documents attached before an  
evaluation by the Board can be made.

1. Name: \_\_\_\_\_  
LAST FIRST MIDDLE

2. Physical Address: \_\_\_\_\_  
Number and Street Apt. No. (P. O. Box not acceptable) City/State Zip Code  
(If you are granted a license, your name, mailing address and license number becomes public information and will be  
posted on the Secretary of State's website. The mailing address is used for renewal notices, and application processing.)

3. MailingAddress: \_\_\_\_\_  
Number and Street Apt. No. City/State Zip Code

4. Home Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_; Work Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

6. Please check one of the following: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

7. Education: High School Diploma \_\_\_\_\_  
check one & GED \_\_\_\_\_  
attach documentation Post Secondary Education \_\_\_\_\_  
College Degree \_\_\_\_\_

8. Cosmetology School: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Number of credit hours \_\_\_\_\_

Salon/Shop training: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Year graduated \_\_\_\_\_ Circle one: Cosmetology / Esthetician / Nail Care

License received on \_\_\_\_/\_\_\_\_/\_\_\_\_ in the state of \_\_\_\_\_.

I took a practical exam: \_\_\_\_yes \_\_\_\_no I took a written exam: \_\_\_\_yes \_\_\_\_no

9. License registration: I have been licensed as a cosmetologist, esthetician or nail technician in  
the following state(s): \_\_\_\_\_

\_\_\_\_\_.

A letter of certification from each state board where you obtained a license must be attached in a sealed envelope.

10. Have you previously applied for registration in Georgia at any other time? Yes ( ) No ( )  
If YES, explain:

11. Are you a United States Citizen? Yes ( ) No ( ) Please provide proof of citizenship (copy of birth certificate or copy of naturalization papers) or proof of legal residency, e.g. a "Green Card."

12. Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation) or entered a plea of guilty, nolo contendere or under the "First Offender Act," or been sanctioned by another board or agency? DUI and DWI are not minor traffic violations.

\_\_\_\_\_ Yes \_\_\_\_\_ No This application will be returned if you do not answer this question.

- If you answered "Yes" to the question regarding court convictions, you must submit to the Board office the following: a) a copy of the conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation / parole officer regarding your current status/completion of any probation / parole. Your application will not be processed until this information is received and reviewed by the Board.
- If you answered "yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office. Your application will not be processed until this information is received and reviewed by the Board.

\_\_\_\_\_ Please check here if you answered yes to the question above and have already submitted the documentation to the Board within the past two years. If you have, it is not necessary to resubmit this information, **but new convictions must be submitted.**

Please be familiar with the laws and rules of the Georgia State Board of Cosmetology including the section relative to RECIPROCITY.

I certify that the information submitted with this application is true and correct. Furthermore, I confirm that I am familiar with the rules and regulations of the Georgia State Board of Cosmetology and will adhere to those rules and regulations. I understand that the Georgia State Board of Cosmetology may in its discretion require me to take the written and practical examination subject to the terms and provisions of O.C.G.A. § 43-10. I also solemnly affirm the attached passport size photograph is a clear and recent photo of me.

PLACE ORIGINAL PHOTO

HERE

NOT A COPY

\_\_\_\_\_  
Signature of Applicant

NOTARIZATION:

Sworn to and subscribed before me  
This \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

NOTARY SEAL

My commission expires on: \_\_\_\_\_  
Revised 01/2004